

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
1:00 P.M., Tuesday, March 13, 2007**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, March 13, 2007, in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Elizabeth Earls; Stephanie Culhane; Sandra Del Sesto; Scotti DiDanato; Mark Fields; Mitch Henderson; Joseph Le; Natalie Serpa; Norren Shawcross; Reed Cosper; and Representative Bruce Long.

**Ex-Officio**

Members Present: Craig Stenning and Gene Nadeau, Department of Mental Health, Retardation and Hospitals (MHRH); Janet Anderson, Jeanne Smith, Carol Fox and Sandy Woods, Department of Children, Youth and Families (DCYF); Fred Friedman, Department of Corrections (DOC); Frank Spinelli, Department of Human Services; Colleen Poiselli, Department of Health; Michele Palermo, Department of Education; and Elizabeth Gilheeny, Department of Justice.

Guests: Lisa Clark and Melissa Siple, Reckitt Benckiser, and Jill Beckwith

Staff: Corinna Roy, Charles Williams, Kristen Quinlan, Ron Tremper, Richard Sabo and Mary Ann Nassa.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:05 p.m. Richard entertained a motion to accept the Minutes of February 15, 2007. Representative Bruce Long motioned to accept the minutes, and Liz Earls seconded the motion. All were in favor, and the minutes were approved as submitted.

**BEHAVIORAL HEALTH DATA ELEMENTS SUBCOMMITTEE**

Mitch Henderson reported that the first meeting of the Behavioral Health Data Elements Subcommittee was held on March 8. Mitch reported that during that meeting, they reviewed the available data and developed an action list for subsequent meetings. He described the group's intent to develop a prototype that would include three to five areas of interest. Mitch distributed the *prototype (See Attachment I)*. The prototype is an example and/or sample of areas of interest. Mitch stated that at their next meeting they will combine other ideas from subcommittee members with those illustrated in the handout. Mitch reviewed the sample, and welcomed interested individuals to join the next subcommittee meeting which will be held in Barry Hall at a time and date to be announced via e-mail. Richard Leclerc asked Mitch who is presently participating on this subcommittee. Mitch stated that in addition to himself, Elizabeth Earls, Reed Cosper, Kristen Quinlan, Corinna Roy, Jim Gillan, Charles Williams, Jocelyn Therien, and Linda Bryan. Jeanne Smith stated that she will be representing DCYF. Janet Anderson suggested that Sandy Woods should also provide information to the subcommittee. Noreen Shawcross added that it would be equally important to include homeless data.

Richard asked Mitch when the subcommittee foresees making a recommendation to the Council in terms of measures. Mitch anticipates a prototype by the beginning of this summer.

**TRANSITION OF 18-YEAR OLDS AND OLDER TO MHRH**

Janet Anderson stated that DCYF has identified between 125 and 145 youth that they believe meet the criteria for review for MHRH service eligibility. This initiative is being managed by the Office of Health and Human Services (OHHS) and the Office of the Secretariat along with MHRH, DCYF and the Department of Human Services (DHS). The plan within DCYF is to identify and review client cases

based on their understanding of the elements and criteria for youth to be for services within MHRH both for Mental Health (MH) and Developmental Disabilities (DD). After a DCYF internal review, the information will be transferred to MHRH for their review to see if those youth meet the criteria. Janet stated that the other issue is that in DCYF's budget there was a transfer of specific money to MHRH for the servicing of these youths, but it is not currently reflected in the Governor's budget; and therefore there is discussion regarding how that will be handled. Janet stated that in addition to the categories of DD and Behavioral Health (BH), they are looking at how many of those youth will need residential care or the Mobile Treatment Team (MTT) or some kind of community-based services. Once they have identified who MHRH can service and who they cannot, the next step is to look at some of the other resources available in the State both from benefits within DHS and the Department of Labor and Training (DLT). Once the DCYF and MHRH work is completed, the next phase will be to create a team out of the Partnership for Youth in Transition. This team will include key individuals from each state department that may have resources that can be utilized as well as consumers, family members and representatives of the youths themselves to look at the resources to service those youths transitioning from DCYF who will still need services.

The following questions resulted from the discussion:

- Liz Earls asked if any of the anticipated services identified are residential in nature. Janet stated that housing is definitely a part of the partnership along with wrap-around services.
- Mark Fields asked if there is a particular timetable involved. Janet Anderson stated that it is July 1, 2007.
- Richard Leclerc asked what the total number of youth affected is. Janet stated that within the Family Services Unit (FSU)/Child Welfare, there are 601 youths. There are approximately another 200 to 250 that are within the Juvenile Probation and Parole category which will not be affected immediately on July 1<sup>st</sup>, but are scheduled to be reviewed. It is the 601 who have been reviewed and will be taken to the next level.
- Craig Stenning had been given a number of 1,133 and asked how that fit in. Janet stated that the 1,133 includes youth from Juvenile Corrections.
- Elizabeth Gilheene of the Justice Department stated that they are working on a grant that targets assistance for Rhode Island's most at-risk youth population and suggested that they meet and use some of DCYF's information for inclusion in the grant. Janet was in agreement.

Craig Stenning reported that MHRH will be meeting internally this week to look at how an assessment of 145 youth will be carried out between now and July 1, with services in place, and what resources will be necessary. Craig stated that they will be streamlining the process in BH and DD both legally and operationally. He also stated his concerns regarding placement resources that may or may not be available, as well as the youth beyond the estimated 145 who may not fit the eligibility for Community Support Programs (CSP) or DD and may turn up looking for wrap-around services which are non-existent at this point. He stated that their plan is to cooperate with the recognition that there are some huge question marks that still need to be addressed.

### **UPDATES FROM DCYF**

Janet Anderson announced that Colleen Carone, who would have presented Agenda Item 3, DCYF Evaluation and Data, was unable to attend the meeting and asked that it be tabled to the next agenda for April 12, 2007.

Janet described a three-prong budget initiative, which is a collaboration between DHS and DCYF, to identify and improve the system-of-care for children and the distribution of funding, and to assess what component(s) of those services fit with a managed care definition. To accomplish this they are working with DHS to examine the changes presented from the Centers for Medicare & Medicaid Services (CMS) in terms of Federal regulations for what can be paid for and consideration of the services in BH that have been funded and managed by DCYF and which of those services, including residential, could be managed through RITECare services. Janet explained that their goal is to integrate the services and supports for youth who are in both residential and community care. Some of the changes from CMS may be in the Rehab Option, and what is billable to the Rehab Option is shifting. Those requirements in terms of what the State can bill to the Federal Government for Medicaid reimbursement for a federal match is changing dramatically. Janet stated that in the midst of what is presented in the Governor's budget as required savings and examination of the CMS changes, DCYF is trying to do their best to serve children and families. Janet expects that at this juncture of saving money, if they can move kids from the higher levels of residential and hospital care, then they can use those dollars that they do have left after the budget cuts for building more community-based services.

### **UPDATES FROM MHRH**

Craig Stenning reported that MHRH is in the process of implementing the 2007 budget initiatives as they prepare for the 2008 budget hearings. Craig announced that the MHRH hearing in the Senate is scheduled for March 14<sup>th</sup> at 2 p.m. in Room 35 at the State House, and the House Finance hearing is scheduled for March 22<sup>nd</sup> at 12:30 p.m. in Room 35 at the State House. Craig pointed out that there are a couple of budget initiatives which have been superimposed on several departments that effect BH; in particular, the initiative called Buyrite, which is from OHHS and the Budget Office and could result in a reduction in contracts to community providers. Craig also announced a major initiative under the Director's Workgroups is looking at the ability for MHRH to manage the inpatient in-hospital Medicaid expenditures for psychiatric care which has a connection to one of the budget initiatives.

Craig mentioned that at the Department of Corrections' (DOC) House Budget Hearing, there was a considerable amount of time spent discussing substance abuse as it applies to the plan to reduce the inmate population at the ACI. The Chairman of the committee assigned MHRH to work in conjunction with DOC to develop a way in which to enlarge and enhance residential and intensive outpatient substance abuse capacity if there was an allocation of new resources in order to reduce the inmate population. Representative Bruce Long asked Craig how he would be going about that.

Craig stated that he met with DOC about six weeks ago and had suggested some ideas in order to expand residential as well as intensive outpatient and also to give some expertise to the assessments and some of the discharge planning around substance abuse. He expects further discussions around those ideas.

Sandra DelSesto made a motion to send a letter to the Governor regarding the budget cuts to community-based providers and the other issues Craig spoke about. Craig stated that MHRH supports the Governor's recommended budget.

Richard clarified Sandra's motion that the Council opposes the cuts to services provided by MHRH and DCYF. Noreen Shawcross asked to amend the motion to included homeless services.

Representative Bruce Long asked if anyone represents and speaks on behalf of the Council at the hearings that take place when the Council takes a position. Richard Leclerc stated that normally letters have been written to the Governor. Reed Cosper suggested that communication not only be directed at the legislature but also to the news media. Regarding the motion on the table, Reed Cosper suggested that the correspondence be directed to the Finance Committees of both chambers of the legislature and should mention the Council's support for the initiative regarding who manages the Medicaid money that pays for inpatient hospitalization for mentally ill Medicaid recipients. These Medicaid funds amount to approximately 12 million dollars, and Mr. Cosper suggested the Council support putting that money into the MHRH budget so that hospitalizations can be managed better.

Craig stated that there is a budget proposal as part of MHRH's 2008 budget submission which would allow MHRH to manage the dollars that are currently being allocated as the State share of Medicaid expenditures for individuals who are in Medicaid funded psychiatric hospital beds. He described the first approach which was to get the dollars transferred, but that was not approved. Therefore, the second approach was to allow MHRH to manage those dollars, and the savings would be generated in the DHS budget in 2008 with the hope that once the track record was solidified that in the future it would be expanded upon.

After the above discussion, Richard Leclerc stated that the motion to be voted on will be opposing cuts to DCYF, MHRH and Homeless Services, as well as supporting MHRH's role in managing the Medicaid inpatient and asking that those funds be transferred to their authority.

Sandra DelSesto suggested that separate letters should be addressed to each issue: one letter that opposes the cuts and another letter that supports the initiative.

Richard then stated that there is a motion that would have this body oppose any cuts for services for adults with severe persistent mental illness services, adults with mental illness services in the community, services and programs funded by DCYF, as well as homeless services and Behavioral Healthcare. Richard called for a vote. All were in favor with the one abstention by Representative Bruce Long.

Richard entered a second motion by Reed Cosper to support the role that MHRH will have in managing inpatient Medicaid psychiatric initiative as well as request that the funds be transferred to the MHRH budget. Scotti DiDanato seconded the motion. There was no further discussion. All were in favor and the motion was carried.

Reed motioned to take the Council's position to the each branch of the Legislature and prepare a 250 word document for the Journal to submit under the name of the Chairman of the Governor's Council. Liz Earls seconded the motion. There was no further discussion. All were in favor and the motion was carried. Representative Long suggested that copies of the letters be sent to all the Aides of the House and Senate.

Richard Leclerc asked about the status on the detox inpatient indigent care. Craig stated that two presentations have been made to the Director regarding the proposal, and it is still being reviewed. Craig stated that there was a tentative award given which has been extended twice, and the next deadline is April 1.

Craig was asked to clarify the Buyrite initiative. He stated that there are separate line items in the Department's budget which are monetary reductions, and they are all entitled Buyrite. There is a line item in the DD budget which is 1 million dollars, there is a line item in the BH budget which is 1 million dollars, and there is a line item in the Director's account which is approximately 2.9 million dollars. Craig stated that there is not 2.9 million dollars in the Director's account, therefore it was placed there as a placeholder. Craig stated that MHRH's budget has been reduced by approximately 4 million dollars, and the assumption is that the reduction comes out of the monies that are distributed through the Department either in the form of contracts or Medicaid billing. Craig stated that MHRH has the largest reduction, but there is a similar reduction at DCYF and some smaller reductions at the other Health and Human Service agencies that are under OHHS. Richard asked if there was a plan in place for its implementation. Craig stated that he has not been present to hear any plan.

Liz Earls reported that at the House Finance hearing for OHHS, the secretariat when asked stated that State agencies contract with a variety of vendors at different rates for services that may appear at face value to be the same, but there are different reporting requirements. Liz stated that their hope is to achieve a savings, but after some of the questions that were posed at the hearing, it does not look as if there is enough data to recognize those savings.

### **OLD/NEW BUSINESS**

Noreen Shawcross reported that the Welcome Arnold Center will be closing at 7 a.m. on Thursday, March 10<sup>th</sup>. Noreen stated that there is a plan in place for 103 people who will be placed in the community; the plan includes apartments and smaller facilities owned by an agency and a small group home for 13 women. Crossroads of Rhode Island will do an assessment shelter for 10 men and 10 women which is intended to divert people from the long-term shelter. Noreen stated that there is a much more mobile population than as first thought, and in the past couple of months they have had 190 people stay at Welcome Arnold and have only 103 vacancies in the new housing plan. This has given them an opportunity to take a closer look at the homeless population and has been somewhat of an awakening. Noreen reported that 80 percent of the 190 people have an addiction to crack cocaine and heroine and alcohol. Of that number, a large number of those people have mental health issues, some in treatment and many not; and in some cases there is developmental disability. There are 8 pregnant very young women and all of them had been involved with DCYF as children. She reported that a significant portion of the men have been involved with the Department of Corrections (DOC): they have either been discharged or are currently on probation and parole. There is a small group of women who do not have any substance abuse issues, but do have mental health issues. Noreen reminded everyone that this describes the population in the three overnight shelters only and does not reflect the homeless population as a whole which includes 20 other shelters.

Craig stated that in the past there have been attempts to bring treatment and clinical services to this population, including at Welcome Arnold. When numbers like 80 percent are reflected, there needs to be some understanding that this is a population that has been quite resistant to be involved in treatment. Craig questioned that with a variety of levels of services from apartments to shelter situations being created and offered, if there could be some thought given to encouragement towards higher levels of housing based on requirements of people addressing their substance abuse or mental health issues. Noreen stated that what they are doing with the 103 beds that have been identified is without the word requiring. There will be a 1 to 20 case management ratio, and for the first time she believes people will have stability in a smaller setting. Noreen believes that in the smaller settings, they should witness better outcomes that could be a prototype for continuing this funding. Noreen added that for the first time in Rhode Island's history there will be people on the streets that they don't have a place for. In the

past, that situation did not exist. Noreen added that DOC has discharged several people to Welcome Arnold and that will no longer be available.

Richard Leclerc asked Noreen if she would let MHRH know where those 103 individuals are going within the State in order to prepare providers for those individuals within the community services.

Sandy Woods reported that as a result of the conversations at the last Governor's Council meeting concerning access to services in substance abuse, she has met with representatives from the five prime agencies, and they are scheduled to meet again next week.

Liz Earls announced that this evening the House Finance will hear testimony on Article 17 in the budget which would allow the State to charge folks on Medicaid and SSI prescription co-pays for the first time of either one or three dollars depending upon the drug.

Richard Leclerc asked Fred Friedman if there were any budgetary impact, or other articles of the budget under consideration, in terms of behavioral healthcare service on those folks that will be coming out of the ACI.. Fred stated that the primary issue is alternatives to incarceration.

#### **ADJOURNMENT AND NEXT MEETING**

There was no further business. Upon motion made and seconded, the meeting adjourned at 2:20 p.m. The next meeting of the Council is scheduled for **Tuesday, April 12, at 8:30 a.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and written by:

Mary Ann Nassa  
Secretary, Governor's Council on Behavioral Health